CONFINEMENT ORDER				
1 DERSON TO BE CONFINED		T	2. DATE (YYYYMMDD)	
PERSON TO BE CONFINED NAME (Last, First, Middle)			(///	
a. NAINE (Last, First, Middle)	b. SSN			
c. BRANCH OF SERVICE d. GRADE	e. MILITARY ORG	ANIZATION (From):		
TYPE OF CONFINEMENT				
a. PRE-TRIAL NO YES	b. RES	ULT OF NJP	NO YE	ES
c. RESULT OF COURT MARTIAL: NO YES				
TYPE: SCM SPCM GCM VACATED SUSPENSION				
4. OFFENSES/CHARGES OF UCMJ ARTICLES VIOLATED:				
5. SENTENCE ADJUDGED:			b. <i>A</i>	ADJUDGED DATE
C. C				(YYYYMMDD):
6. IF THE SENTENCE IS DEFERRED, THE DATE DEFERMENT IS TERMINATED:				
7. PERSON DIRECTING CONFINEMENT				
a. TYPED NAME, GRADE AND TITLE:	b. SIGNATURE		c. DATE (YYYYMM	d. TIME
8.a. NAME, GRADE, TITLE OF LEGAL REVIEW	AND ADDDOVAL	SIGNATURE:		c. DATE
b. Signatore. (YYYYMMDD)				
MEDICAL CERTIFICATE				
On The above would be used to use a second by use of				
9a. The above named inmate was examined by me at on and found to be Fit Unfit Unfit				
for confinement. I certify that from this examination the execution of the foregoing sentence to confinement				
will will not produce serious injury to the inmate's health.				
b. The following irregularities were noted during the examination (If none, so state):				
c. HIV Test administered on (YYYYMMDD):				
		1		
d. Pregnancy test administered on (YYYYMMDD): N/A				
10. EXAMINER				
a. TYPED NAME, GRADE AND TITLE:	b. SIGNATURE	c. DAT	E YYMMDD)	d. TIME
RECEIPT FOR INMATE				
11.a. THE INMATE NAMED ABOVE HAS BEEN RECEIVED FOR CONFINEMENT AT:				
(Facility Name and Location)				
ONAND TIME				
b. Person receipting for inmate typed name, grade and title:	c. SIGNATURE:	d. DA1	E YYMMDD)	e. TIME
			22)	